Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

	· ,	CLAIMS AS	S FILED - PART I (Column 1) (Co			ımn 2)		SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			0					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			V minus 20= * (2		X\$ 9=		OR	X\$18=		
INE	DEPENDENT CL	LAIMS	minus 3 = * 9.				/	X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM PR	RESENT	19/		+145=		OR	+290=				
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				i	TOTAL		OR	TOTAL		
	С	LAIMS AS A	MENDED	D - PART II				SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
(Column 1)			~~~~~	(Colum		(Column 3)	1,	SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOL PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=] [X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	+145=		OR	+290=		
	Please help by counting & lai							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		_											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AIM	= .		X43=		OR	X86=		
ل	FINOI FRESE	NIATION OF INC	LI IPLE DEF	ENDENT	CLAIN		1	+145=		OR	+290=		
							Α	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON I	Total	*	Minus	**		=-		X\$ 9=		OR	X\$18=		
ME	Independent		Minus	***		-	 	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE, DEP	ENDENT (CLAIM		┞						
+145= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	·	
** If the entry in column 7 is less than the entry in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
7	he "Highest Num"	har Previously Paid	d For (Total or	Indonondor	ath ic tha	highest number	r fáire	nd in the ann	ropriate hov	in calı	umo 1		